

**Regional Emergency Response Coordinators
Meeting Record
May 1, 2003**

Regional Grant Priorities

<u>Region 1</u> Focus A	<ul style="list-style-type: none"> ▪ Write, adopt & exercise LHJ and Regional BT/CD Surveillance and Response Plans with the participation of supporting partners, including: hospitals, tribes, law enforcement, fire, EMS, schools, military, large corporations and others as needed. ▪ Reassess and report current LHJ Public Health needs and capabilities for BT/CD surveillance and response to identify improvements and new needs, or existing needs that have not yet been met. ▪ Enhance working and programmatic relationships and communications between the regional team and LHJ partners in Region 1.
Focus B	<ul style="list-style-type: none"> ▪ Increase epidemiologic focus and reporting on emergent communicable disease and syndrome/rash illness detection. ▪ Enhance collaboration between the regional team and LHJs in regard to identification and development of regional surveillance and response activities for disease outbreak emergencies. ▪ Improve interaction and communication for disease surveillance with community partners, i.e. healthcare providers, hospitals, tribes, law enforcement, fire, EMS, schools, military, large corporations, etc.
Focus G	<ul style="list-style-type: none"> ▪ Provide general Bt/CD awareness training for LHJs and Regional Partners' Education Specialists at hospitals, tribes, law enforcement, fire, EMS, schools, military, large corporations (and others as needed) in coordination with local DEMs. Training should include ICS training for PH officials. ▪ Offer communicable disease education support to all LHJs, Hospitals, tribes, and other response partners in Region 1. ▪ Coordinate, facilitate, disseminate, and maintain training opportunities and resources for all regional partners; and share these resources with other RLS.
<u>Region 2</u> Focus A	<ul style="list-style-type: none"> ▪ Integration with State CEMP ▪ How to effectively manage/mobilize volunteers and healthcare community members.
<u>Region 3</u> Focus A	<ul style="list-style-type: none"> ▪ Integrate plans ▪ How to train staff in standard operating procedures
<u>Region 4</u> Focus A	<ul style="list-style-type: none"> ▪ Integration is critical ▪ Helping hospitals to participate ▪ "De-Technicalize" ▪ Get the EMDs to know what we are all about ▪ Regional Role definition
<u>Region 5</u> Focus A	<ul style="list-style-type: none"> ▪ Change the mentality of staff about their responsibilities ▪ Struggle of diverse partnerships ▪ Training response teams ▪ More BioT exercises ▪ Homeland Security

<u>Region 6</u>	<ul style="list-style-type: none"> ▪ Need to look at lessons learned ▪ Hire “dedicated responders” for BT events ▪ Use of resources / Lack of resources ▪ Improve communication ▪ Improve communication with the non-english speaking communities. (Vietnamese, Chinese & other Asian) Need credible healthcare providers for these communities. ▪ Responsibilities of first responders ▪ Understaffing ▪ Isolation & Quarantine
<u>Region 7</u>	<ul style="list-style-type: none"> ▪ Meeting with all groups in the region (EMT, Hospitals, Public Health, DOH...)
<u>Focus A</u>	<ul style="list-style-type: none"> ▪ Educate & communicate what’s going on
<u>Region 8</u>	<ul style="list-style-type: none"> ▪ Coordinate with emergency management ▪ Standardized exercise ▪ Look at region structures ▪ Inter-state planning
<u>Focus A</u>	
<u>Region 9</u>	<ul style="list-style-type: none"> ▪ Public health planning ▪ Communication ▪ “Slow down”, Process is most important ▪ Regional diversity ▪ CEMP ▪ Make plans compatible ▪ Timelines
<u>Focus A</u>	
<u>Focus B</u>	<ul style="list-style-type: none"> ▪ Improve ability to detect communicable disease ▪ Points of contact ▪ 24/7 contact for LHJs ▪ Integration/collaboration ▪ “Slow down”, build a system that works ▪ Education ▪ Need access to provider databases or hardcopies of provider lists

Regional Concept

- Enhanced Surveillance and notification
LHJ – Regional – State
- International coordination
- Interregional coordination
- Regular, short communications

Hospital Program

- Education & Training
- New Areas:
 - Hospital surveillance
 - Regional Surge Capacity
 - Cross cutting issues
- Public Health role – overall public health response-facilitate hospital participation
- JACCAO Requirements
- Focus on hospital role – Hospital or clinic or doctor’s office has lead role in BT response
- Need 1 point of contact → Public Health
- What about the clinics?
- Communication